

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77.51	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE		DATE
Michael Glinski/ Regulatory Affairs Manager			(617)745-4284		6/15/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	06/30/2016

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0072	.0216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.41	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0841	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)745-4284	7/14/2016
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QUARTERLY

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06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.76	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)745-4284	7/14/2016
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NON-CONTACT COOLING

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	81.59	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.19	*****	7.19	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)745-4284	8/15/2016
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NON-CONTACT COOLING

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82.46	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.35	*****	7.35	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)745-4284	09/14/2016
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07/01/2016	09/30/2016

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(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	< .0028	.004	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.27	*****	7.72	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	15	*****	15	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.6	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1585	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)745-4284		0/14/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.31	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.62	*****	7.62	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)745-4284	0/14/2016
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	76.54	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	2.5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.58	*****	7.58	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)745-4284	1/15/2016
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Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	75.32	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.81	*****	7.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)745-4284	2/06/2016
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(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00144	.072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.6	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.11	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0596	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE		DATE	
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)745-4284		11/16/201	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
NON-CONTACT COOLING  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	73.98	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.78	*****	7.78	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE		DATE
Michael Glinski/ Regulatory Affairs Manager			(617)745-4284		11/16/201
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.82	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)745-4284	12/15/201
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82.08	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.41	*****	7.41	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)745-4284	3/13/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00432	.036	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.29	*****	8.2	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	27	*****	27	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.09643	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	/6/15/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This report is late due to access issues that required CDX and EPA to correct within the CDX NetDMR systems. These issues were corrected on June 15, 2017. TRT is attempting to file all back reports with 24hrs of the system being opened back up for access.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77.05	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	6/15/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This report is late due to access issues that required CDX and EPA to correct within the CDX NetDMR systems. These issues were corrected on June 15, 2017. TRT is attempting to file all back reports with 24hrs of the system being opened back up for access.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.35	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.62	*****	7.62	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	6/15/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
NON-CONTACT COOLING  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.98	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		6/15/201
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
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QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00288	.0216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.62	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0751	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	07/14/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.56	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	7/14/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
NON-CONTACT COOLING  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.36	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.81	*****	7.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		8/15/201
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.78	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.27	*****	7.27	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		09/13/2017
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00144	.0216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.6	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1805	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815		0/13/201	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	85.3	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	0/13/201
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
NON-CONTACT COOLING  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.26	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		1/15/201
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.83	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1	3.86	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.24	*****	7.24	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	2/14/201
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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Form Approved  
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NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	12/31/2017

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0054	.216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.1	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0519	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE		DATE	
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815		11/11/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	81.08	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1	3	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	11/11/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	61.5	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	12/12/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.28	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.0079	2.55	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.19	*****	7.19	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	3/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.000001	.000015	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2462	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE		DATE	
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815		/4/13/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.28	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2	3.5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.49	*****	7.49	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	4/13/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.82	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.95	3.4	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.62	*****	7.62	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		05/16/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	63	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.37	*****	7.37	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		6/13/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.000001	.000016	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.8	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1086	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	7/16/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70.11	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.06	3.97	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.11	*****	7.11	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	7/16/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	170	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.51	90.18	MGD	*****	*****	*****	*****	1	Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU	1	Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	8/24/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TRT experience a probe failure in the monitoring system that recorded the maximum values for flow and temperature during the month of July and continuing into August 2018. The reported temperatures and flows are not the actual flows. TRT is working to replace the meters and flow that are recording inaccurate data. Prior to the equipment failure the max temperature was:74.78F and the max flow rate was:2.409MGD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.67	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4.23	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.21	*****	7.21	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	09/17/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	09/30/2018

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00072	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.1	*****	21	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.2	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.182	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE		DATE	
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815		0/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.7	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.61	3.42	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.53	*****	7.53	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		0/15/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	78.92	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.86	3.78	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.37	*****	7.37	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	1/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
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LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	74.45	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.479	3.425	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.21	*****	7.21	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		2/13/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.000016	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.37	*****	7.8	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.12	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.06253	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815		11/15/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	65.67	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.65	3.57	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.16	*****	7.16	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	11/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	67.24	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.9	3.77	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.99	*****	7.99	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	12/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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LOCATION: 780 WASHINGTON ST  
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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70.69	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.302	1.715	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.98	*****	7.98	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		3/18/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
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MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00036	.0216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.63	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.9	*****	5.9	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	85	mg/L	1	Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.4577	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE		DATE	
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815		4/12/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The FOG sample was taken during a minimal flow event. There were no observed issues at the time in the collection area during the sampling that would lead to an elevated FOG. TRT is planning on resampling this area during the next expected rainfall event (4/12/19) to insure that there is no ongoing issue and to show compliance under the permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	66.56	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.803	3.785	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.02	*****	8.02	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE		DATE
Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		04/12/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
NON-CONTACT COOLING  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	69.89	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.0917	4.097	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.68	*****	7.68	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	05/16/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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Form Approved  
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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	63.77	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.076	3.021	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.59	*****	7.59	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		6/17/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.000016	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.4	*****	5.4	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.7	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.08839	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	07/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	68.06	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.214	3.1073	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.66	*****	7.66	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		7/15/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70.03	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.945	4.61	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.39	*****	7.39	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	8/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	69.89	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.384	5.612	MGD	*****	*****	*****	*****	1	Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.83	*****	7.83	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	09/17/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The Daily Maximum flow rate limit was exceeded between August 16 and 18, 2019. The flow rate increased beyond the 5MGD threshold due to engineering efforts the pumping system. During this evolution, the controls that limit flow (based on temperature of the discharge) were disabled allowing the pumps to run to full capacity. After this was recognized the controls were returned to their original position. During the entire event the temperature of the discharge never exceeded 70F.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00072	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	24	*****	24	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.2174	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	0/16/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	74.82	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.404	4.7499	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE		DATE
Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		0/16/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
NON-CONTACT COOLING  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	69.2	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.72	4.88	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.61	*****	7.61	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE		DATE
Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		1/15/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	66.93	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.829	3.162	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	2/13/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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Form Approved  
OMB No. 2040-0004

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ADDRESS: 780 WASHINGTON Street  
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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0000141	.00072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.04306	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815		11/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	64.08	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.974	3.81179	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.81	*****	7.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	11/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	64.08	deg F		Instantaneous	Continuous
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.974	3.12	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.96	*****	7.96	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	12/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On Jan 18-19, and 23-24 the temperature monitor at the 003 discharge failed, repaired and returned to service.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	62.41	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.577	3.8692	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	03/18/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0108	.0216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	53	*****	53	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.07424	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815		/4/15/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	71.44	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.505	3.8741	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.02	*****	8.02	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	14/23/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.73	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.874	3.9203	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	05/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	74.13	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.258	3.9854	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.81	*****	7.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		6/15/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0024	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	16	*****	16	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1365	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815		/7/15/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	91.4	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.169	4.6959	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.45	*****	7.45	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	7/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The high temperature limit was exceeded on 6/29/2020 between 11AM and 12PM. During this time the discharge temperature reached 91.4F. During this time the flow rate dropped to .7698mgd. This is the likely cause of the exceedance since if even the average system flow rate of 3.1mgd was maintained the flow would have been more than sufficient to provide proper cooling and protect the maximum discharge limit. TRT is conducting an investigation to ascertain what exactly may have been the root cause of this incident.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	87.58	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.007	4.6609	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.45	*****	7.45	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		8/14/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The temperature exceedance was found to be the result of the alarm / controls on the pump being turned off during a system inspection evolution and not being turned by on. This is the same issue that caused the 6/29/20 excursion found on 7/14/20. Please note that this excursion lasted approximately 1 hour and the flow rate at the time was across the system were 1.45 -1.48MGD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	87.85	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.212	4.6632	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.12	*****	7.12	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	09/16/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The temperature went over the discharge limit on 8/05 by .85F.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0018	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.78	*****	7.3	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	39	*****	39	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.7	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1311	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	0/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	88.44	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.368	4.5231	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.12	*****	7.12	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	0/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On September 17, 2020 the system exceeded the discharge limit for approximately 3 hours. During this time the discharge temperature was between 87.15F and 88.44F. Additionally, during that time the flow rates ranged respectively from 1.115 MGD to .9440 MGD indicating a lack of flow to provide cooling to the system. This issue is being worked on by TRT's Engineering Dept. and should be resolved in the near future.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	86.09	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.0565	3.0241	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.22	*****	7.22	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815		1/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
NON-CONTACT COOLING  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.62	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.381	2.8299	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.89	*****	6.89	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Mike Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	2/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00192	.00576	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	NODI B	*****	NODI B				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.04306	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE		DATE	
Mike Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815		11/15/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	72.86	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.484	.81	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.91	*****	7.91	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Mike Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	11/15/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
NON-CONTACT COOLING  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	78.58	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.41	3.1011	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.65	*****	7.65	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE		DATE
Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		12/16/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	78.14	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.602	3.278	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.62	*****	7.62	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE		DATE
Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		3/15/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TWIN RIVERS TECHNOLOGIES, L.P.  
ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169  
FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC  
LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169  
ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 02169  
MINOR  
(SUBR E)  
STORMWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00141	.0144	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.12	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.04116	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	4/15/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUARTERLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	86.64	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.143	3.5113	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.69	*****	7.69	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE		DATE
Michael Glinski/ Regulatory Affairs Manager			(617)413-5815		14/15/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street  
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST  
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.61	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.385	2.7812	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.43	*****	7.43	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	05/13/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)